

### DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PROCESS FOR PRODUCING METAL-CONTAINING SULFID ORES** the specification of which is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

#### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Israel	1	August 30, 1999	X

I hereby claim the benefit under Title 35, United S

Application
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*Unsigned*

application(s) listed below:

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I claim the benefit under Title 35, United States subject matter of each of the claims of this application the first paragraph of Title 35, United States Code, Title 37, Code of Federal Regulations, Section 1.56 which occurred on PCT international filing date of this application:

) listed below and, insofar as the information in the manner provided by material information as defined in prior application and the national or

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: <b>FLAX</b>	First Name: <b>SOLOMON</b>	Middle Name or Initial:
Residence & Citizenship:	City: <b>Jerusalem</b>	State/Foreign Country: <b>Israel</b>	Country of Citizenship: <b>Israel</b>
Post Office Address:	Post Office Address: <b>Rechov Neve Yaacov 102/5</b>	City: <b>Jerusalem</b>	State/Country: <b>Israel</b> Postal Code: <b>98350</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Solomon Flax

Date